

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V40483 (2)**  
 1. Corporation Name  
**I.A.M. SERVICES INC.**



Principal Place of Business: **2946 S.W. 25TH ST. MIAMI FL 33133**  
 Mailing Address: **2946 S.W. 25TH ST. MIAMI FL 33133-2106**

3. Date Incorporated or Qualified: **05/29/1992**      3a. Date of Last Report: **04/23/1996**

4. FEI Number: **65-0338253**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. State, Apt. #, etc.  
 22. City & State  
 23. Zip      25. Country

2a. Mailing Address

26. State, Apt. #, etc.  
 27. City & State  
 28. Zip      30. Country

9. Name and Address of Current Registered Agent

**NODA, ALFREDO**  
**2946 S.W. 25TH ST.**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City      85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **3/17/97**

12. OFFICERS AND DIRECTORS

TITLE:  DELETE  
 NAME: **DPTS**  
 STREET ADDRESS: **NODA, ALFREDO**  
 CITY - ST - ZIP: **2946 S.W. 25 ST. MIAMI FL**

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

2.1 TITLE:  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

3.1 TITLE:  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

4.1 TITLE:  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

5.1 TITLE:  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

6.1 TITLE:  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in change of an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **3/17/97**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)